

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF NEW YORK**

Immigrant Advocates Response Collaborative,)
Plaintiff,)
v.)
U.S Department of Homeland Security;)
U.S. Immigration and Customs Enforcement;)
U.S. Department of State; and)
Federal Bureau of Investigation,)
Defendants.)

) No. 1:21-cv-01235-TJM-CFH
AFFIDAVIT OF SERVICE

I, Trina Realmuto, hereby declare that pursuant to Federal Rule of Civil Procedure 4(i), I caused the following documents in the above-captioned case to be served:

- Conformed Summons;
- Civil Cover Sheet;
- Complaint;
- General Order #25;
- Judicial Case Assignment Form;
- Joint Civil Case Management Plan Containing Notice of Initial Pretrial Conference; and
- Notice and Consent Form to Proceed Before a U.S. Magistrate Judge.

I caused the aforementioned documents to be served by certified mail, return receipt requested, addressed to Defendants and the U.S. Attorney's Office for the District of Northern District of New York at the following addresses:

U.S. Department of Homeland Security
Office of the General Counsel
2707 Martin Luther King Junior Ave, SE
Mail Stop 0485
Washington, DC 20528-0485

Office of the U.S. Attorney
Civil Process Clerk
P.O. Box 7198
100 S. Clinton Street
Syracuse, NY 13261-7198

Merrick B. Garland
U.S. Attorney General
United States Department of Justice
950 Pennsylvania Avenue, N.W.
Washington, DC 20530-0001

Federal Bureau of Investigation
935 Pennsylvania Avenue, NW
Washington, DC 20535

U.S. Department of States
Executive Office
Office of the Legal Advisor
600 19th Street NW, Suite 5.600
Washington, DC 20522

U.S. Immigration and Customs Enforcement
Office of the Principal Legal Advisor
500 12th Street SW, Mail Stop 5900
Washington, DC 20536

The U.S. Attorneys' Office for the Northern District of New York accepted service on November 23, 2021. The U.S. Attorney General's accepted service on November 26, 2021. Defendant Department of Homeland Security accepted service on November 26, 2021. Defendants U.S Immigration and Customs Enforcement accepted service on November 26, 2021. Defendant Federal Bureau of Investigation accepted service on November 26, 2021. Defendant Department of States accepted service on November 29, 2021. Delivery confirmation for receipt of these documents by Defendants accompanies this affidavit as Exhibit A.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed this 3rd day of December 2021 at Brookline, Massachusetts.

Respectfully submitted,

s/Trina Realmuto

Trina Realmuto
National Immigration Litigation Alliance
10 Griggs Terrace
Brookline, MA 02446
(617) 819-4447
trina@immigrationlitigation.org

Dated: December 3, 2021

EXHIBIT A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:

Attn: Gen. Merrick B. Garland
 US Dept of Justice
 950 Pennsylvania Ave. NW
 Washington, DC 20530-0001



9590 9402 5936 0049 7044 18

2. Article Number (Transfer from service label)

7019 1640 0001 5615 6909
 PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input checked="" type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery

D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: If YES, enter delivery address below:	<input type="checkbox"/> No
3. Service Type	
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Merchandise <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Restricted Delivery	

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$	Extra Services & Fees (check box and fee as appropriate)
<input type="checkbox"/>	Return Receipt Handcopy
<input type="checkbox"/>	Return Receipt Electronic
<input type="checkbox"/>	Certified Mail Restricted Delivery
<input type="checkbox"/>	Adult Signature Required
<input type="checkbox"/>	Adult Signature Restricted Delivery
Postage	

Postmark
Here

\$	Total Postage and Fees
----	------------------------

Sent To AG Merrick B. Garland
 Street and Apt. No. or PO Box No. 752
 City, State, ZIP+4 USDS 20530-0001
 Washington, DC 20530-0001

See Reverse for Instructions

PS Form 3800, April 2015 PSN 7530-02-000-5047

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 70191640000156156909[Remove X](#)

Your item was delivered at 4:53 am on November 26, 2021 in WASHINGTON, DC 20530.

Delivered

November 26, 2021 at 4:53 am
WASHINGTON, DC 20530

[Feedback](#)**Get Updates** ▼

Text & Email Updates ▼

Tracking History ▼

Product Information ▼

[See Less ^](#)

Can't find what you're looking for?

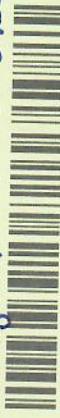
Go to our FAQs section to find answers to your tracking questions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**U.S. Dept of Homeland Security
Office of the General Counsel**
2707 Martin Luther King Jr. Ave. SE
Mail Stop 0485
Washington, DC 20526-0485



9590 9402 5936 0049 7043 88

2. Article Number (Transfer from service label)

7019 1640 0001 5622 3878

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input checked="" type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type	<input type="checkbox"/> Priority Mail Express®
	<input type="checkbox"/> Registered Mail™
	<input type="checkbox"/> Registered Mail Restricted Delivery
	<input type="checkbox"/> Delivery
	<input type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Signature Confirmation™
	<input type="checkbox"/> Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail Restricted Delivery

(over \$500)

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee	\$	7029 3640 0003 5622 3878
Extra Services & Fees (check box, add/fee as appropriate)	\$	7029 3640 0003 5622 3878
<input type="checkbox"/> Return Receipt (handcopy)	\$	7029 3640 0003 5622 3878
<input type="checkbox"/> Return Receipt (electronic)	\$	7029 3640 0003 5622 3878
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	7029 3640 0003 5622 3878
<input type="checkbox"/> Adult Signature Required	\$	7029 3640 0003 5622 3878
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	7029 3640 0003 5622 3878
Postage	\$	7029 3640 0003 5622 3878
Total Postage and Fees	\$	7029 3640 0003 5622 3878

Postmark **Here**

Sent To **DHS Off. of the Gen. Counsel**
Street and Apt. No., or P.O. Box No.
2707 MLK Jr. Ave. SE, Mail Stop 0485
City, State, Zip
Washington, DC 20526-0485

PLAQUE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS FOLD AT DOTTED LINE

See Reverse for Instructions

PS Form 3800, April 2015 PSN 7530-02-000-9047

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 70191640000156223878[Remove X](#)

Your item was delivered to the front desk, reception area, or mail room at 6:42 am on November 26, 2021 in WASHINGTON, DC 20528.

Delivered, Front Desk/Reception/Mail Room

November 26, 2021 at 6:42 am
WASHINGTON, DC 20528

[Feedback](#)**Get Updates** ▾

Text & Email Updates ▾

Tracking History ▾

Product Information ▾

[See Less ^](#)

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**U.S. Dept of State
Exec Office, Office of the Legal Advisor**
600 19th St. NW, Suite 5600
Washington, DC 20522



9590 9402 5936 0049 7043 64

2. Article Number (Transfer from service label)

7029 1640 0001 5622 3885

PS Form 3811, July 2015 PSN 7530-02-00-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
4. Return Receipt for Merchandise	<input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee	\$ 7029 1640 0001 5622 3885
Extra Services & Fees (check box, add fee as appropriate)	\$ 7029 1640 0001 5622 3885
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 7029 1640 0001 5622 3885
<input type="checkbox"/> Return Receipt (electronic)	\$ 7029 1640 0001 5622 3885
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 7029 1640 0001 5622 3885
<input type="checkbox"/> Adult Signature Required	\$ 7029 1640 0001 5622 3885
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 7029 1640 0001 5622 3885
Postage	\$ 7029 1640 0001 5622 3885
Total Postage and Fees	\$ 7029 1640 0001 5622 3885

Postmark
Here

Sent To DOS, Exec Off., Off. of the Legal Adv.
Street and Apt. No., or P.O. Box No.
600 19th St. NW, Suite 5600
City, State: Washington, DC 20522
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 70191640000156223885[Remove X](#)

Your item was delivered at 6:02 am on November 29, 2021 in WASHINGTON, DC 20521.

Delivered

November 29, 2021 at 6:02 am
WASHINGTON, DC 20521

[Feedback](#)**Get Updates** ▼

Text & Email Updates ▼

Tracking History ▼

Product Information ▼

[See Less ^](#)

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Fed. Bureau of Investigation
935 Pennsylvania Ave., NW
Washington, DC. 20535



9590 9402 5936 0049 7043 95

2. Article Number (Transfer from service label)

7019 1640 0001 5622 3892

PS Form 3811, July 2015 P/N 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input checked="" type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type	<input type="checkbox"/> Priority Mail Express®
	<input type="checkbox"/> Registered Mail™
	<input type="checkbox"/> Registered Mail Restricted Delivery
	<input type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Signature Confirmation™
	<input type="checkbox"/> Restricted Delivery
□ Adult Signature Restricted Delivery	<input type="checkbox"/>
□ Certified Mail®	<input type="checkbox"/>
□ Collect on Delivery	<input type="checkbox"/>
□ Collect on Delivery Restricted Delivery	<input type="checkbox"/>
□ Insured Mail	<input type="checkbox"/>
Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/>

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee

\$	Extra Services & Fees (check box and fee as appropriate)
<input type="checkbox"/>	Return Receipt (Handcopy) \$ _____
<input type="checkbox"/>	Return Receipt (Electronic) \$ _____
<input type="checkbox"/>	Certified Mail Restricted Delivery \$ _____
<input type="checkbox"/>	Adult Signature Required \$ _____
<input type="checkbox"/>	Adult Signature Restricted Delivery \$ _____

Postage

\$ Total Postage and Fees

Sent To

FBI
Street and Apt. No. or PO Box No.
935 Pennsylvania Ave. NW
City, State, ZIP+4
Washington DC 20535

See Reverse for Instructions

PS Form 3800, April 2015 P/N 7530-02-000-9047

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 70191640000156223892[Remove X](#)

Your item was delivered at 7:20 am on November 26, 2021 in WASHINGTON, DC 20535.

Delivered

November 26, 2021 at 7:20 am
WASHINGTON, DC 20535

[Feedback](#)[Get Updates ▼](#)

[Text & Email Updates](#) ▼

[Tracking History](#) ▼

[Product Information](#) ▼[See Less ^](#)

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**U.S. Imm. + Customs Enforcement
Office of the Principal Legal Advisor
500 12th St. SW, Mail Stop 5900
Washington, DC 20536**



9590 9402 5936 0049 7043 71

2. Article Number (Transfer from service label)

7019 1640 0001 5622 3861

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input checked="" type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery

D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT	
<i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com . OFFICIAL USE	
Certified Mail Fee	\$ 2295 3861
Postage	\$ 2295 3861
Total Postage and Fees	\$ 2295 3861
Sent To	ICE OP UNIT
Street and Apt. No., or PO Box No. 500 12th St. SW Mail Stop 5900	City, State, ZIP Code Washington, DC 20536

Postmark
Here

See Reverse for Instructions

PS Form 3800, April 2015 PSN 7530-02-000-9047

**CERTIFIED MAIL**

PLACE THE RETURRN ADDRESS FOLDED AT DOTTED LINE

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 70191640000156223861[Remove X](#)

Your item was delivered to the front desk, reception area, or mail room at 6:41 am on November 26, 2021 in WASHINGTON, DC 20536.

Delivered, Front Desk/Reception/Mail Room

November 26, 2021 at 6:41 am
WASHINGTON, DC 20536

[Feedback](#)**Get Updates** ▾

Text & Email Updates ▾

Tracking History ▾

Product Information ▾[See Less ^](#)

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to: US Attys Office Civil Process Clerk PO Box 7198 100 S. Clinton St. Syracuse, NY 13261-7198	2. Article Number (<i>Transfer from service label</i>) 7019 1640 0001 5622 3908	3. Service Type <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) 	4. Shipping Options <ul style="list-style-type: none"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: 			

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT		For delivery information, visit our website at www.usps.com ®.																														
Domestic Mail Only																																
OFFICIAL USE																																
<table border="1"> <tr> <td colspan="2">Certified Mail Fee</td> </tr> <tr> <td colspan="2">\$ Extra Services & Fees (check box, add fee as appropriate)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Return Receipt (handcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Adult Signature Required</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Adult Signature Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td colspan="2">Postage</td> <td>\$ _____</td> </tr> <tr> <td colspan="2">Total Postage and Fees</td> <td>\$ _____</td> </tr> <tr> <td colspan="4"> Sent To USAO Civil Process Clerk <small>Street and Apt. No., or PO Box No.</small> Po Box 71921, 100 S Clinton St. <small>City, State, Zip Code</small> <i>Signature</i>, NY 13261-7192 </td> </tr> </table>				Certified Mail Fee		\$ Extra Services & Fees (check box, add fee as appropriate)		<input type="checkbox"/>	Return Receipt (handcopy)	\$ _____	<input type="checkbox"/>	Return Receipt (electronic)	\$ _____	<input type="checkbox"/>	Certified Mail Restricted Delivery	\$ _____	<input type="checkbox"/>	Adult Signature Required	\$ _____	<input type="checkbox"/>	Adult Signature Restricted Delivery	\$ _____	Postage		\$ _____	Total Postage and Fees		\$ _____	Sent To USAO Civil Process Clerk <small>Street and Apt. No., or PO Box No.</small> Po Box 71921, 100 S Clinton St. <small>City, State, Zip Code</small> <i>Signature</i> , NY 13261-7192			
Certified Mail Fee																																
\$ Extra Services & Fees (check box, add fee as appropriate)																																
<input type="checkbox"/>	Return Receipt (handcopy)	\$ _____																														
<input type="checkbox"/>	Return Receipt (electronic)	\$ _____																														
<input type="checkbox"/>	Certified Mail Restricted Delivery	\$ _____																														
<input type="checkbox"/>	Adult Signature Required	\$ _____																														
<input type="checkbox"/>	Adult Signature Restricted Delivery	\$ _____																														
Postage		\$ _____																														
Total Postage and Fees		\$ _____																														
Sent To USAO Civil Process Clerk <small>Street and Apt. No., or PO Box No.</small> Po Box 71921, 100 S Clinton St. <small>City, State, Zip Code</small> <i>Signature</i> , NY 13261-7192																																
 PLACE STICKER OR ADDRESS FOLD AT DOTTED LINE PLACÉ STICKER OU ADRESSE POUR POUVOIR PLIER AU POINT DOTTÉ PLACAR ETIQUETA O DIRECCIÓN DOBLEZ EN EL LUGAR DE LOS PUNTOS PLACARE ETIQUETA O DIREZIONE Piegare nel punto tratteggiato																																

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 70191640000156223908[Remove X](#)

Your item was picked up at a postal facility at 10:47 am on November 23, 2021 in SYRACUSE, NY 13261.

Delivered, Individual Picked Up at Postal Facility

November 23, 2021 at 10:47 am
SYRACUSE, NY 13261

[Feedback](#)**Get Updates** ▾

Text & Email Updates ▾

Tracking History ▾

Product Information ▾[See Less ^](#)

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.